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appropriate An infine indicated miles correct maintenance fee notific	s form should be used correspondence includ ted below or directed o ations.	for tra ing the therwis	nsmitting the ISS Patent, advance of e in Block 1, by	SUE FEE and PUBLIC orders and notification (a) specifying a new c	CAT of orre	TION FEE (if rec maintenance fees spondence addre	quired). will be ss; and/o	Blocks I through 5 sh mailed to the current or r (b) indicating a separ	ould be completed where correspondence address as rate "FEE ADDRESS" for
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APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	TOR			RNEY DOCKET NO.	CONFIRMATION NO.
10/747,863	12/23/2003				106			1062-108.US	2833
TITLE OF INVENTION	: TRANSDUCER FOR	SENSI	NG BODY SOUN	IDS				AILU1 00000041 10	
ADDIAL COLORS	APPI NI TYPE				01 FC 02 FC				755.00 OP 300.00 OP
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES		\$755	\$300		\$0		\$1055	05/03/2011
EXAMINER ART UNIT			ART UNIT	CLASS-SUBCLASS					
MONIKANG, GEORGE C 2614 1. Change of correspondence address or indication of "Fee Address" (37				381-067000					
21'K 1.303).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Coun P. ABRAHAMS								
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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OTF: The Issue Fee and	b. Applicant is no l	onge	er claiming SMA	LL ENTI	TY status. See 37 CFR	1.27(g)(2).			
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Authorized Signature _			Date MC	VR 3	30,2011				
Typed or printed name	HAMS			Registration N	lo	2/393			
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